

FEB 10 2005

VIA FACSIMILE (703) 872-9302

9D-HL-20081  
PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Brian Johanski, et al.

Serial No.: 10/064,499

Filed: July 22, 2002

For: WASHING MACHINE RINSE CYCLE  
METHOD AND APPARATUS

Mail Stop: Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Art Unit: 1746

Examiner: Stinson, Frankie L.

## TRANSMITTAL

1. Transmitted herewith is:

Certificate of Facsimile Transmittal (1 pg.)

Response to Office Action (Restriction Requirement) dated January 25, 2005 (2  
pgs.)

## STATUS

2. Applicant

☒ Claims small entity status.  
☒ is other than a small entity.

## CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is, on the date shown below, being:


## MAILING

☐ Deposited with the United States Postal Service  
with sufficient postage as "Express Mail Post Office to  
Addressee" in an envelope addressed to: Commissioner  
for Patents, Washington, D.C. 20231.

## FACSIMILE

☒ Transmitted by facsimile to the Patent and  
Trademark Office at (703) 872-9306.

Date: February 10, 2005

  
Rozell Williams, Jr.  
Reg. No. 44,403

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|   | (Col. 1)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | (Col. 2)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (Col. 3)<br>PRESENT<br>EXTRA | SMALL ENTITY<br>ADDITIONAL<br>RATE FEE | OR | OTHER THAN<br>SMALL ENTITY<br>ADDITIONAL<br>RATE FEE |
|---|---|---|------------------------------|--|----|--|
| TOTAL INDEP.                              | MINUS   |   | =                            | x \$9 = \$                             |    | x \$18 = \$  |
|   | MINUS   |   | =                            | x \$43 = \$                            |    | x \$86 = \$  |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |   |                              | + \$145 = \$                           |    | + \$290 = \$   |
|   |   |   |                              | TOTAL ADDITIONAL<br>FEE \$             | OR | TOTAL ADDITIONAL<br>FEE \$                           |

- (a)
- X
- No additional fee for claims is required.

OR

- (b)
- 
- Total additional fee for claims required \$

**FEE PAYMENT**

5.        Attached is a check in the sum of \$
- Charge Deposit Account No. 01-2384 the sum of \$
- A duplicate of this transmittal is attached.

**FEE DEFICIENCY**

- 6.
- X
- If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- X
- If any additional fee for claims is required, charge Deposit Account No. 01-2384.

- 7.
- 
- Other:

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